

Name
in
Full

Harrington, Budd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

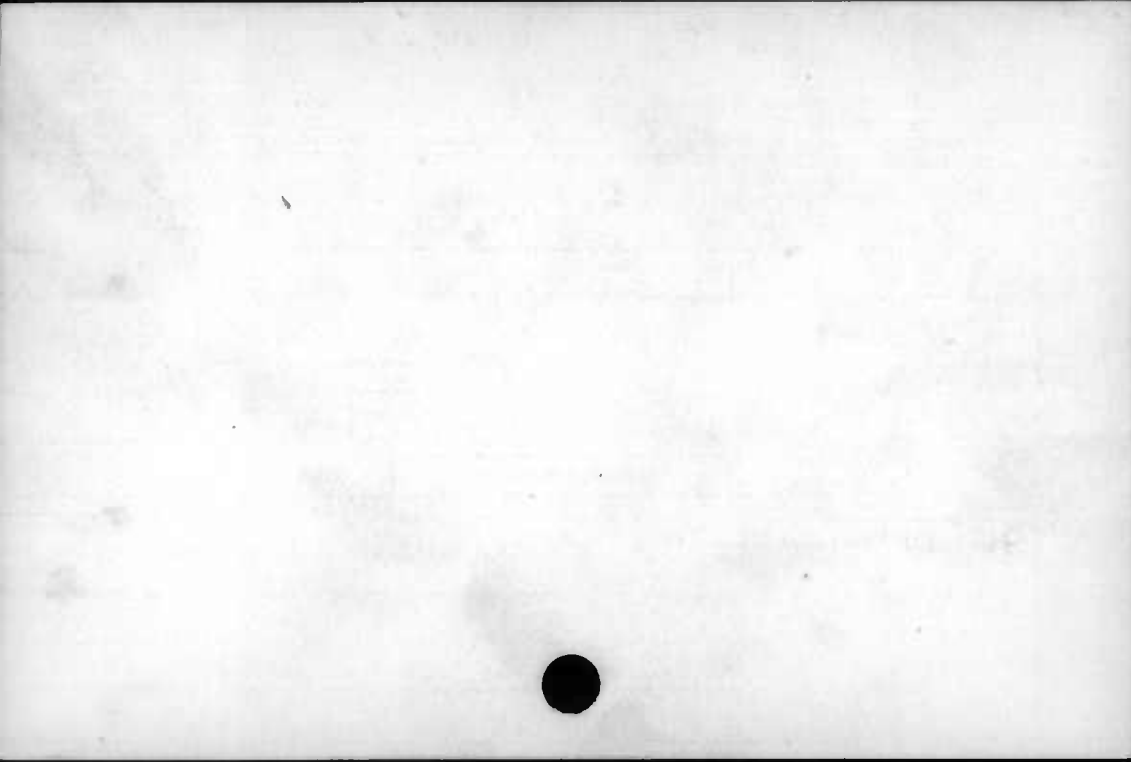
Died at		Town Sandy Spring		County Montgomery		MARYLAND	
Date of death		Month 7	Day 13	Years 59	Months 2	Days —	
Sex Female		Color or Race Colored		Birthplace Sandy Spring			
Occupation House wife		Where Residing if not at place of death Sandy Spring					
Married, Single & Widowed		Name of Wife or Husband Samuel W. Budd					
Father's Name Nelson Squirell		Father's Birthplace Sandy Spring					
Mother's Maiden Name Estlin Lancaster		Mother's Birthplace Sandy Spring					
Name of person giving information Guyton Budd		How related to deceased son					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	for 6 months
Immediate	profound coma	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Roger Brooke	
		Address	
		Sandy Spring	
		Md	
Accident or Suicide?			



Name
in
Full

Mellie Edna Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	5	5	—	Two	—
Sex	Female	Color or Race	Black		Birth-place	Md	
Occupation	None		Where Residing if not at place of death		Dance		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	William Carter				Father's Birthplace	Md	
Mother's Maiden Name	Martha Kelley				Mother's Birthplace	Md	
Name of person giving information	William Carter				How related to deceased	Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Two months
Immediate	Marasmus	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
—		Cecil Jones	
Accident or Suicide?		No	
—		Livingston	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Takoma Park* *Montgomery* CountyDate of death *1908 July 24* Age *31* Months *3* Days *9*Sex *m* Color or Race *white* Birth-place *Ill.*Occupation *Sabauer* Where Residing if not at place of death *Wash. Ill.*Married, ~~Single~~ *or Wid* Name of Wife or Husband *Etha E. Davis*Father's Name *Wm H. Davis* Father's Birthplace *Va*Mother's Maiden Name *Sarah E. Thaden* Mother's Birthplace *Ill.*Name of person giving Information *M. E. Randall* How related to deceased *Brother-in-law*

CAUSES OF DEATH

27

Primary *Phthisis Pulmonalis* *one year*
Exhaustion
How longImmediate
Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Alfred T. Parsons*
Address *Takoma Park, Ill.*

Accident or Suicide?



Name
in
Full

Mady Dore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Scotland* Town*Montgomery* County

MARYLAND

Date
of death *1908*Month
*7*Day
*19*Age
1 YearsMonths
*6*Days
*14*Sex *Female*Color or
Race*Caucoid*Birth-
place*Ind*Occupation
*—*Where Residing if not
at place of death
*—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Milford Dore*Father's
Birthplace*Ind*Mother's
Maiden Name*Katherine Harfen* ✓Mother's
Birthplace*Ind*Name of person giving
In formation*Milford Dore*How related
to deceased*Father*

CAUSES OF DEATH

(8)

Primary

Whispering cough

How long

3 weeks

Immediate

Exhaustion

How long

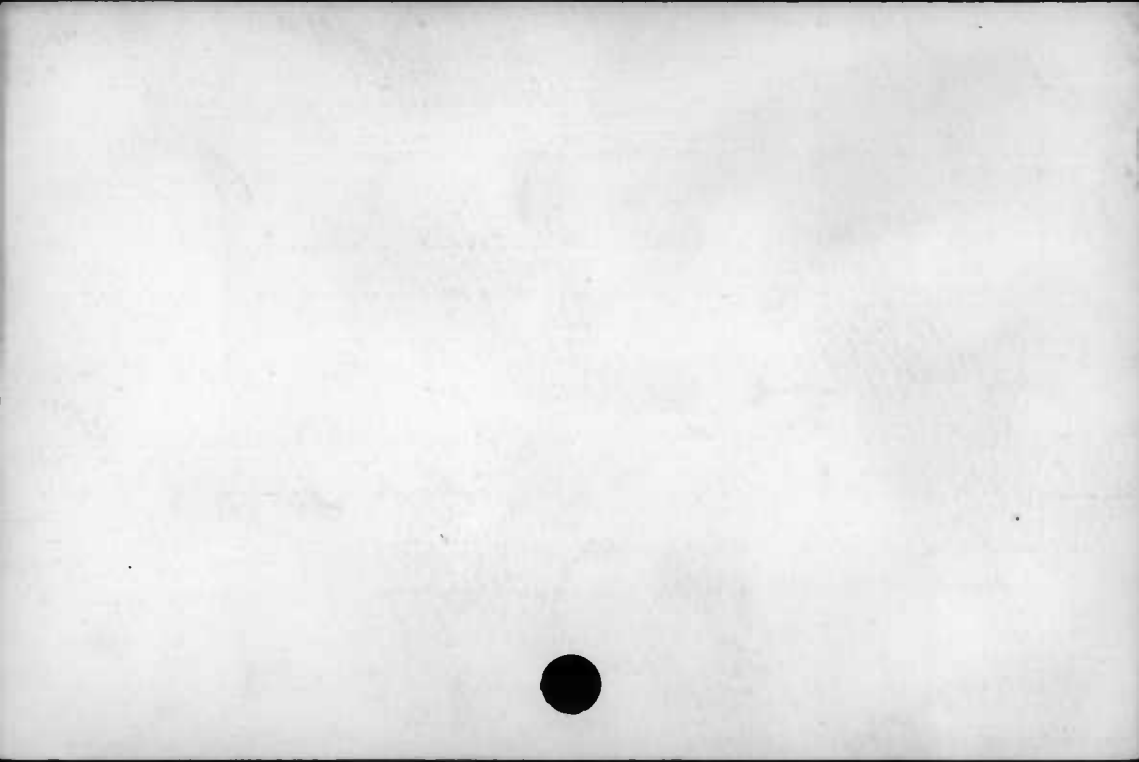
*—*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*O. M. DuThieau*

Address

Rockville Md

Accident or Suicide?

X



Name
in
Full

Mary V. Furgason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

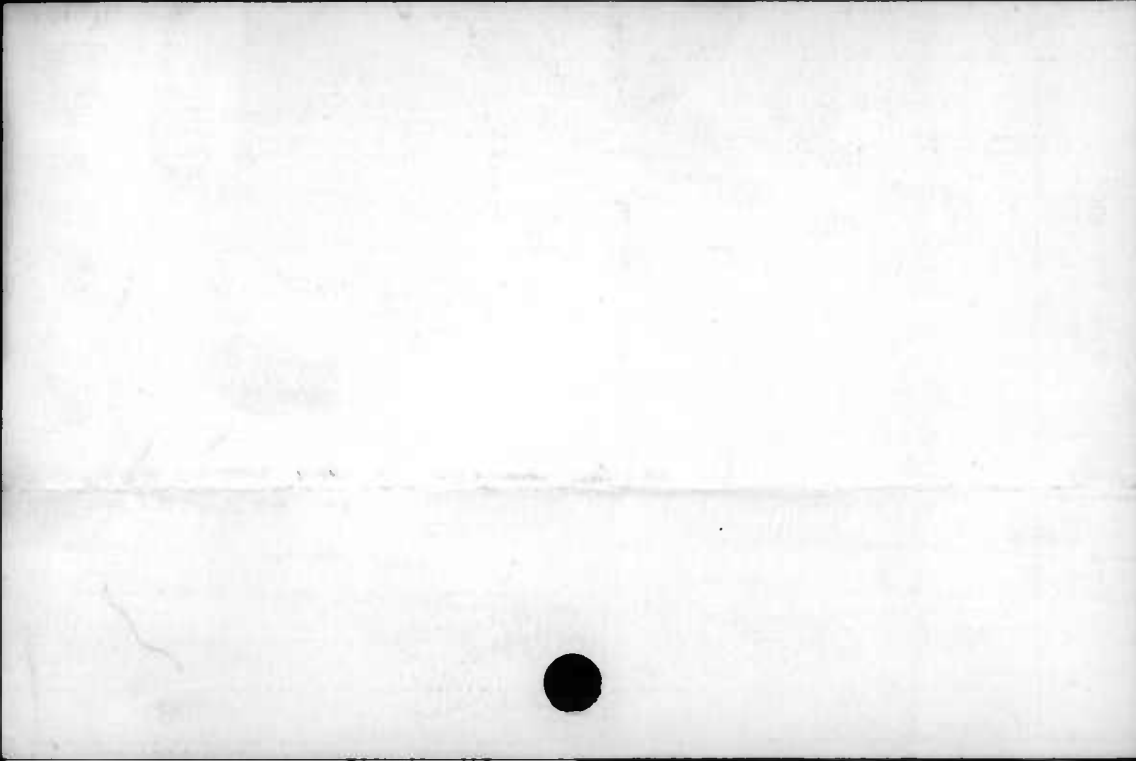
Died at		Town Lay Hill		County Montgomery		MARYLAND	
Date of death	1908	Month 7	Day 24	Age 40	Years 4	Months 12	Days
Sex	Female		Color or Race	white		Birth- place	Maryland
Occupation	House Keeper			Where Residing if not at place of death Lay Hill			
Married, Single or Widowed	Single		Name of Wife or Husband	Ham Furgason			
Father's Name	Ignacious Mulligan				Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Kiser				Mother's Birthplace	Maryland	
Name of person giving In formation	Wm. C. Buell				How related to deceased	not at all	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	about a year
Immediate	asthma		How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		Sandy Spring		



Name
in
Full

George Edward Gaither

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

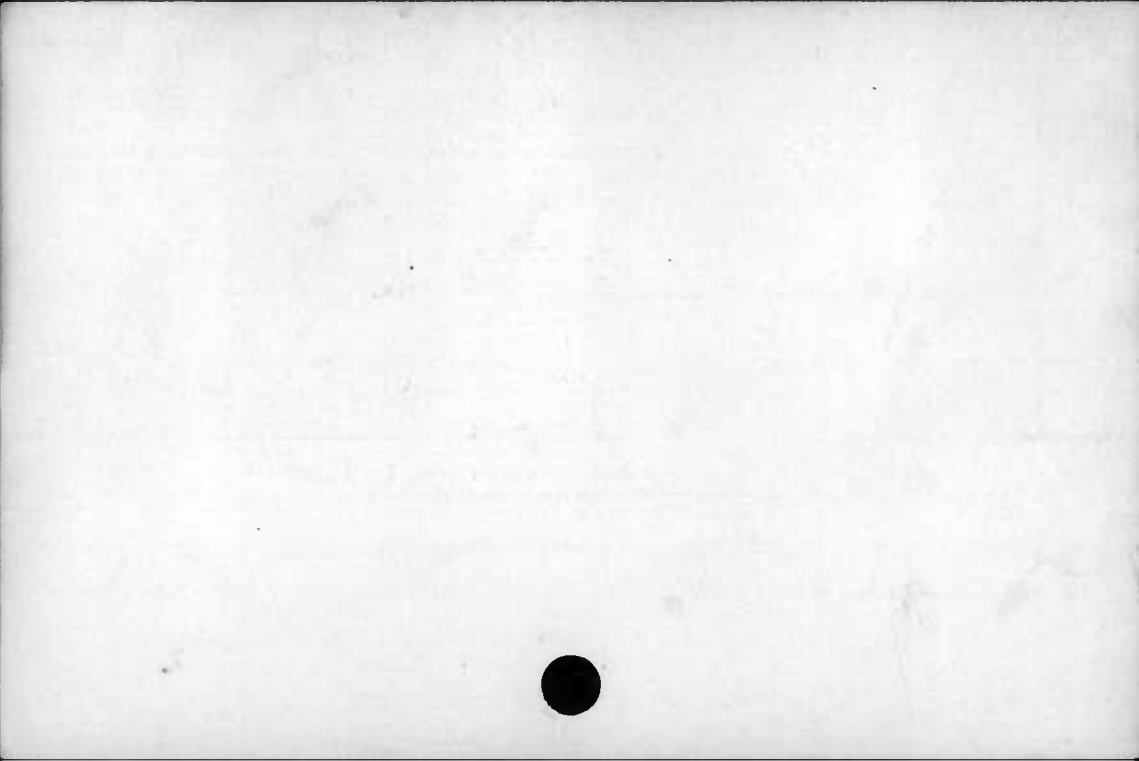
Died at <i>Griffith</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1908	Month	July	Day	21
Age	—		Years	Months	5-
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Birth-place	<i>Wash. D. C.</i>				
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>		
Father's Name	<i>George E. Gaither</i>			Father's Birthplace	<i>Montg.</i>
Mother's Maiden Name	<i>Annie E. Bowen</i>			Mother's Birthplace	<i>Montg.</i>
Name of person giving information	<i>Sarah E. Bowen</i>			How related to deceased	<i>Grandmother</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

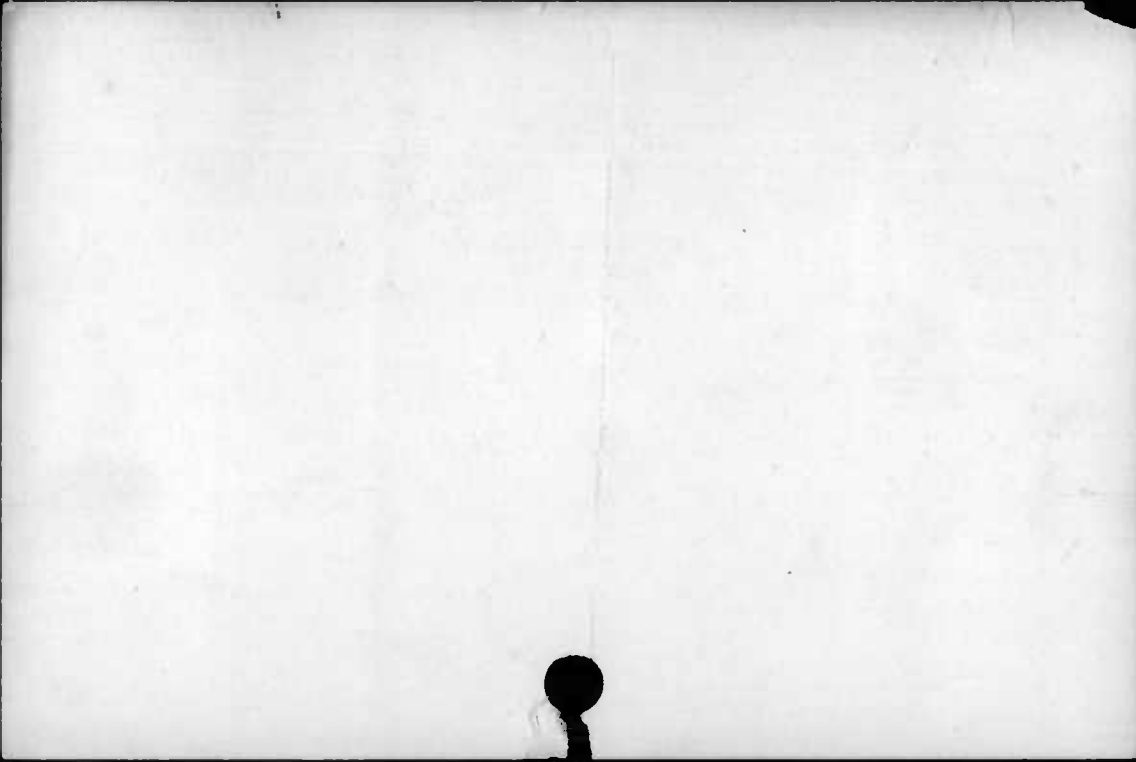
Primary	<i>Malaria</i>	How long	<i>About 5- months</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>About a week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. F. Farguhar</i>
 Accident or Suicide?		Address	<i>Olney, Md.</i>



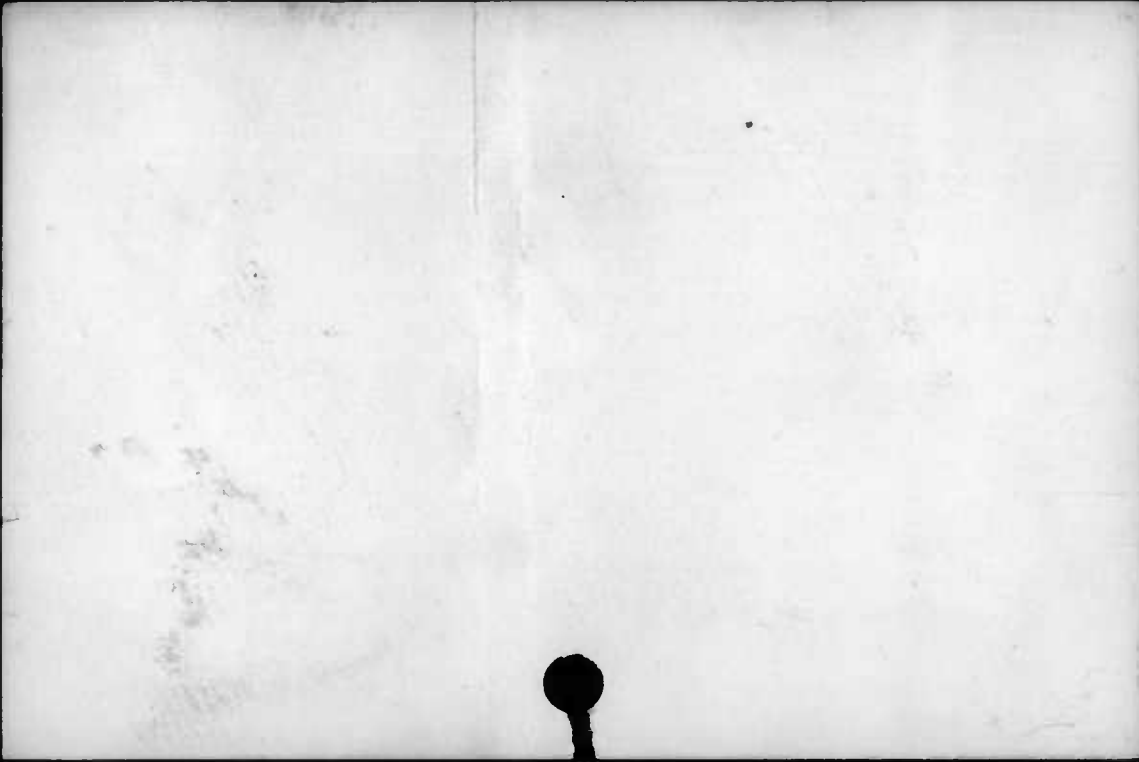
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

In Full		Town		County		STATE	
Died at		Whitman		Montgomery		MARYLAND	
Date of death	1908	Month	July	Day	18	Age	27
Sex	Male	Color or Race	Black	Birth-place	Md	Months	3
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name	Richard Gaither			Father's Birthplace			
Mother's Maiden Name	Francis Cook			Mother's Birthplace			
Name of person giving information	Cecilia Davis Gaither			How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>							
Primary	Tuberculosis of Lung			How long			
Immediate	Tuberculosis of Lung			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
yes				Address			
no				Kensington			
Accident or Suicide?							



Name in Full		Sarah Annie Gardner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town or		County		MARYLAND		
		Died at		Kensington		Montgomery		
		Date of death		1908	Month	July	Day	30
		Age		64		Years	Months	Days
		Sex		Female		Color or Race	White	
		Occupation		Sr. CLK		Birth-place		La
		Where Residing if not at place of death		Same				
		Married, Single or Widowed		Name of Wife or Husband		Willie's Gardner		
		Father's Name		John Hanstam		Father's Birthplace		
		Mother's Maiden Name		Catharine Sanden		Mother's Birthplace		
		Name of person giving information		Mary Hanstam		How related to deceased		
						Nephew		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Hemorrhage in brain		How long		
						12 days		
		Immediate		Paralysis of one side		How long		
						12 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Yes		Eugene Jones		Kensington		
		Accident or Suicide?		No				



Name
in
Full

George M Gartner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

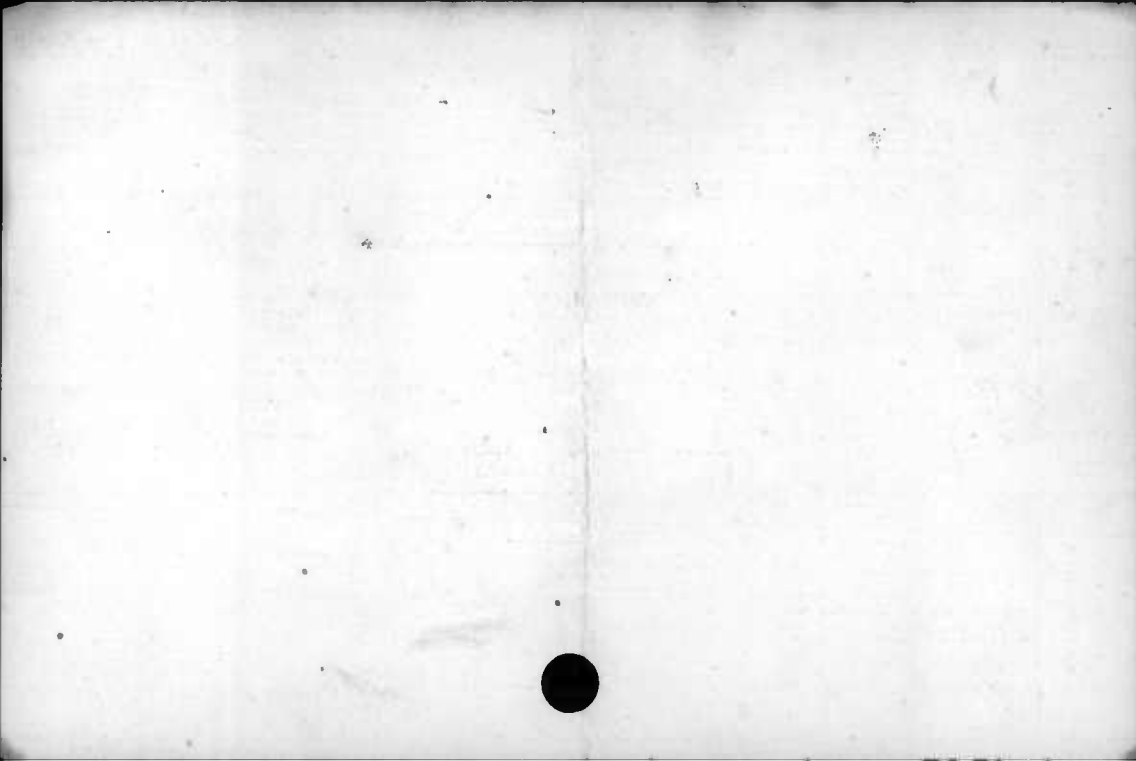
Died at <i>Germanstown</i>		Town <i>Germanstown</i>		County <i>2nd</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>16</i>	Age <i>53</i>	Years <i>5</i>	Months <i>2</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fulton Co., Pa.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Emma J. Gartner</i>						
Father's Name <i>George Gartner</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Magdalene Fiedler</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Chas. A. Gartner</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i> Grip</i>	How long <i>1 month</i>
Immediate <i>Arterial Softening & Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A B Haddox</i>
<i>[Signature]</i>	Address <i>Gaithersburg Maryland</i>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		July	21		—	6	1
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
None		Same					
Married, Single or Widowed		Name of Wife or Husband					
Single		Martha Gibbs		Father's Birthplace		N.C.	
Father's Name		Martha Gibbs		Mother's Birthplace		Md	
Mother's Maiden Name		Martha Gibbs		How related to deceased		Mother	
Name of person giving information							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	4 months
Immediate	Marasmus and Ch. diarrhea	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Engel Jones
	no	Address	Kennington
Accident or Suicide?			

17



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

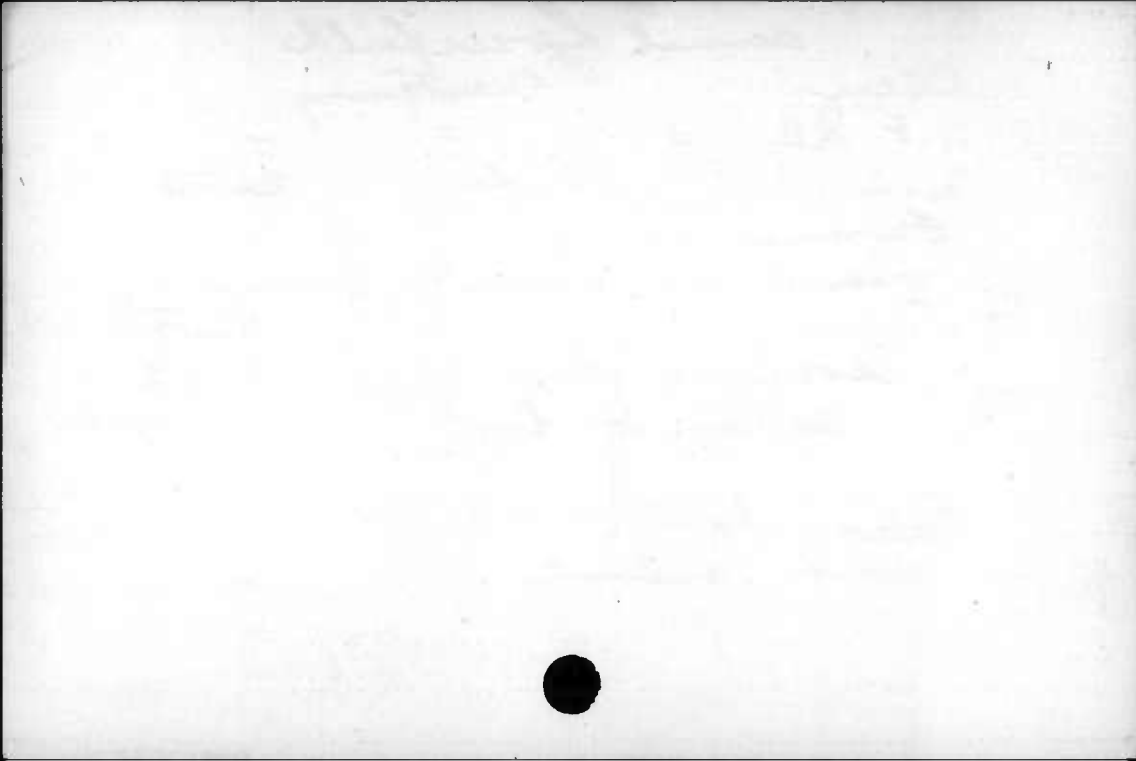
Name in Full <i>Mary A. Giddings</i>		Town <i>Silver Spring</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Silver Spring</i>		Month <i>July</i>		Day <i>2</i>		Year <i>1908</i>	
Date of death <i>1908 July 2</i>		Age <i>27</i>		Months <i>3</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Francis E Giddings</i>					
Father's Name <i>Robt. Beall</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Marce V. Norton</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Nellie Hardesty</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>		How long <i>3 days</i>	
Immediate <i>Paralysis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Brown</i>	
<i>Yes</i>		Address <i>Silver Spring Md.</i>	
Accident or Suicide?			



Name
in
Full

Samuel Greenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Blau TownMontgomery County

MARYLAND

Date of death 1908 July Month5 DayAge 73 YearsMonths ✓Days -Sex Male

Color or Race

white

Birth-place

Montg. Co., Md.

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or

~~husband~~Annie M. Greenfield

Father's Name

Truman Greenfield

Father's Birthplace

Montg. Co., Md.

Mother's Maiden Name

Caroline Ray

Mother's Birthplace

Montg. Co., Md.

Name of person giving information

Mrs. Katie Herbert

How related to deceased

Daughter

CAUSES OF DEATH

125

Primary

Enlarged Prostate & retention of urine a few weeks

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

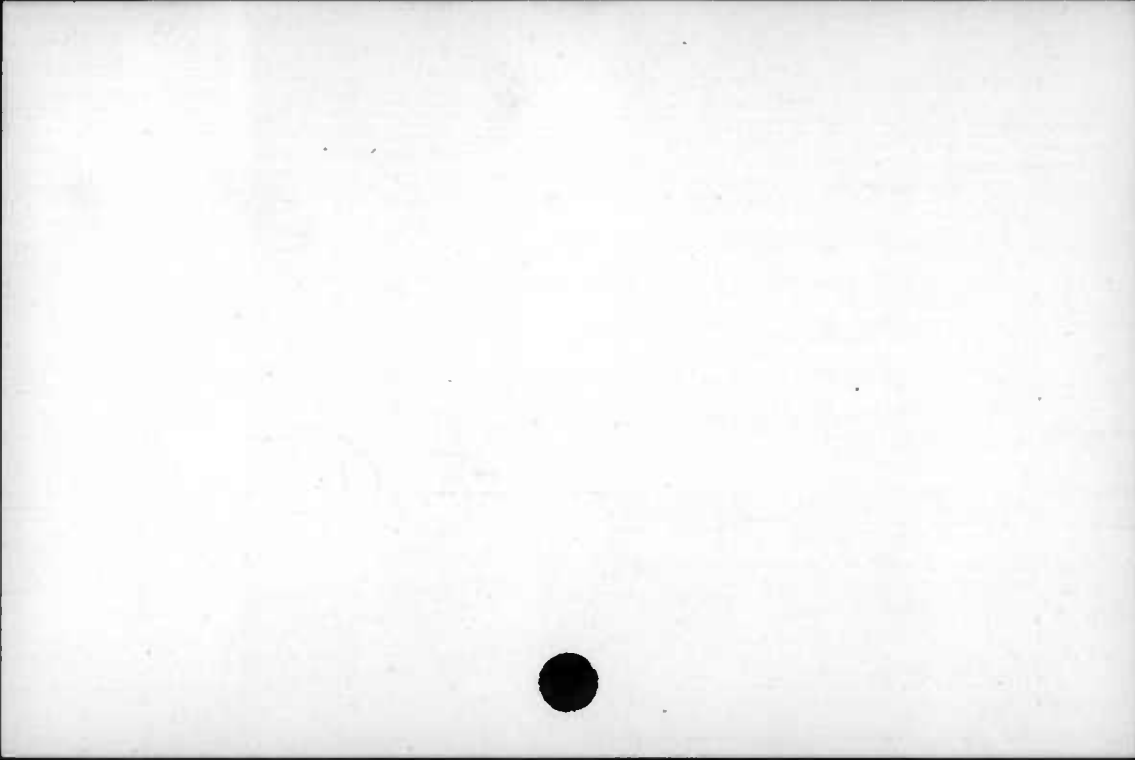
John L. Lewis M.D.

Address

Porterda Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sue Tyler Hyde.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Forest Glen, Md ^{County} Montgomery		MARYLAND	
Date of death 190	Month July 9	Day 1908	Age 65
Sex Female	Color or Race White	Birth-place DC	Months
Occupation Housewife	Where Residing if not at place of death 1517 24th St. Wash. until June 15, 1908		
Married, Single or Widowed Widow	Name of Wife or Husband Greenville Ferguson, Hyde		
Father's Name Grafton Tyler	Father's Birthplace Va.		
Mother's Maiden Name Margaret Bowie	Mother's Birthplace Md		
Name of person giving information Rebecca Wellington	How related to deceased Daughter		

CAUSES OF DEATH

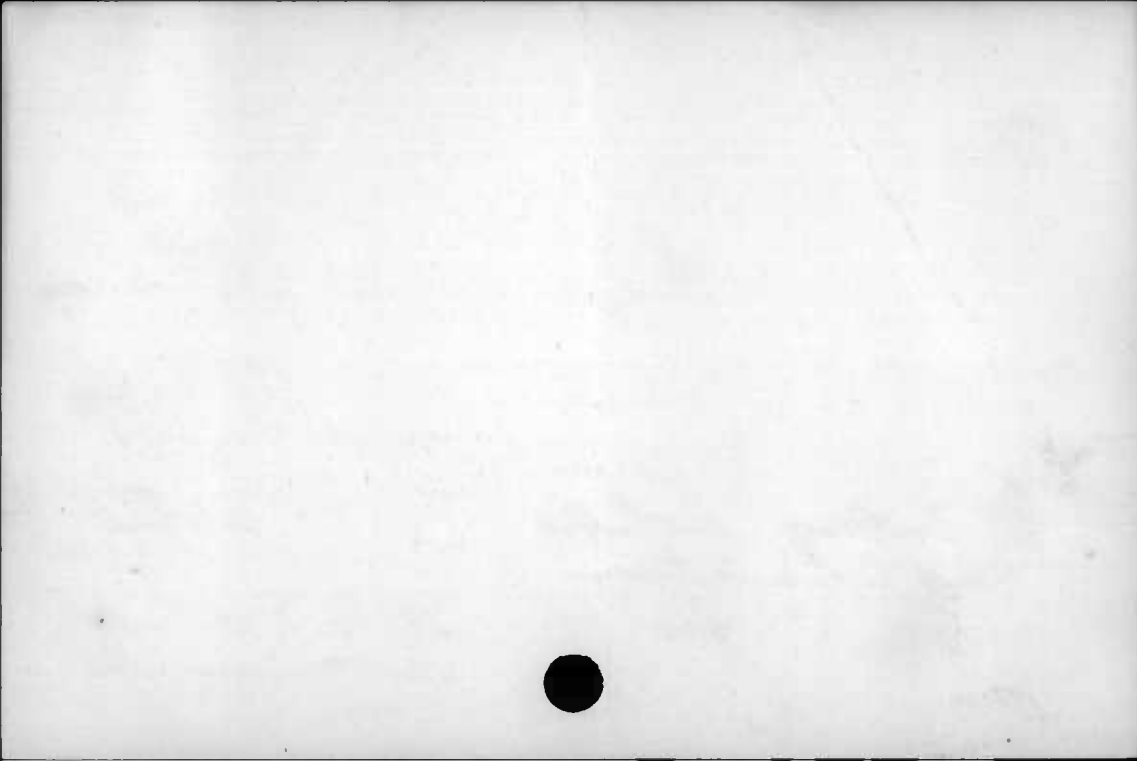
64

PHYSICIAN
OR CORONER

Primary Cerebral hemorrhage	How long 2 weeks
Immediate Paralysis of medulla	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. H. Wright
Yes.	Address Forest Glen Md
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Martha Lee</i> <i>Whelan</i>		County <i>Montgomery</i>		MARYLAND
	Date of death	Month <i>July</i>	Day <i>10</i>	Years <i>35</i>	Months <i>1</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>md</i>	
	Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Same</i>			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James Lee</i>			
	Father's Name <i>H. Kelley</i>	Father's Birthplace <i>md</i>			
	Mother's Maiden Name <i>Lizzie Howard</i>	Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Edna Carter</i>		How related to deceased <i>not related</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis lungs</i>			
	Immediate	<i>Heart attack from lungs</i>			
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
	Signature of Physician <i>W. J. Jones</i>		Address <i>Rockville, Md.</i>		
Accident or Suicide?		<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Virginia Mohun		Town Cherry Chase		County Monroe Co		MARYLAND	
Died at		Month July		Day 22		Age 9	
Date of death 1908		Months 9		Days x			
Sex Female		Color or Race White		Birth-place Cherry Chase			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband Barry Mohun					
Father's Name Barry Mohun		Father's Birthplace ATC					
Mother's Maiden Name		Mother's Birthplace Ind					
Name of person giving information		How related to deceased Parents					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary **Enteric - colitis**How long **26 hrs**Immediate **Exhaustion**

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

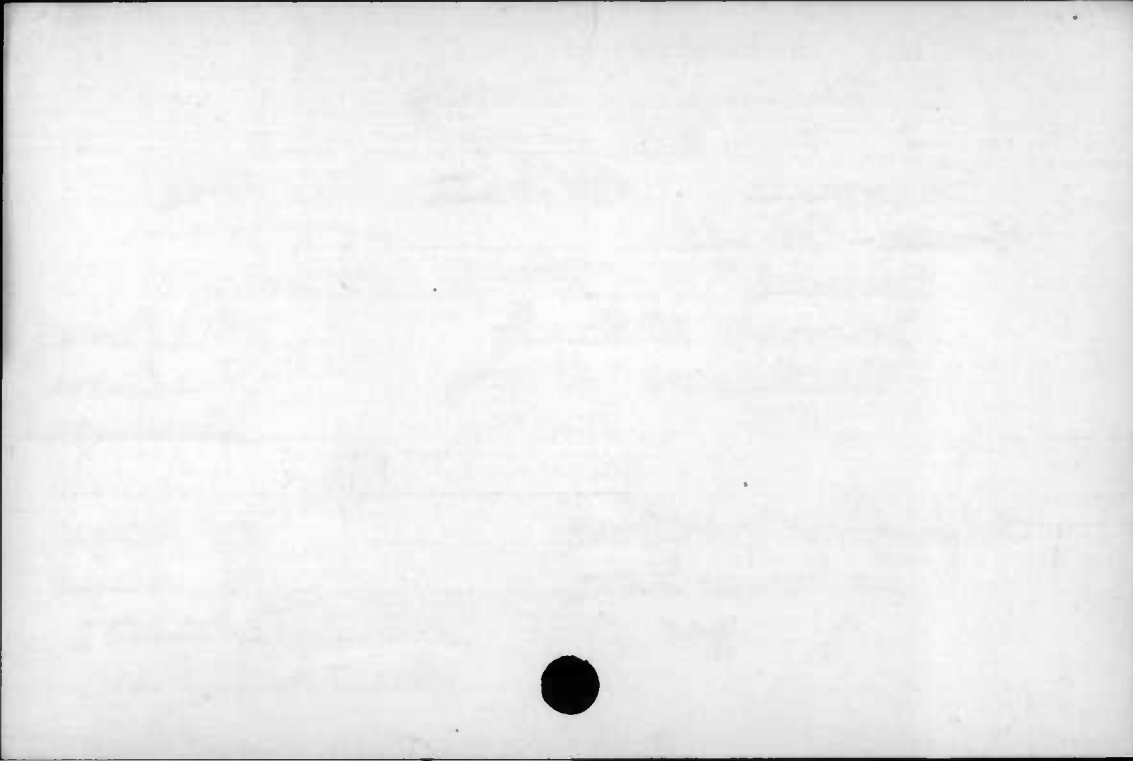
H. B. Deah

Address

**1207 - Conn. Ave.
Wash. D. C.**

Accident or Suicide?

no.



Name
in
Full

Annua Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

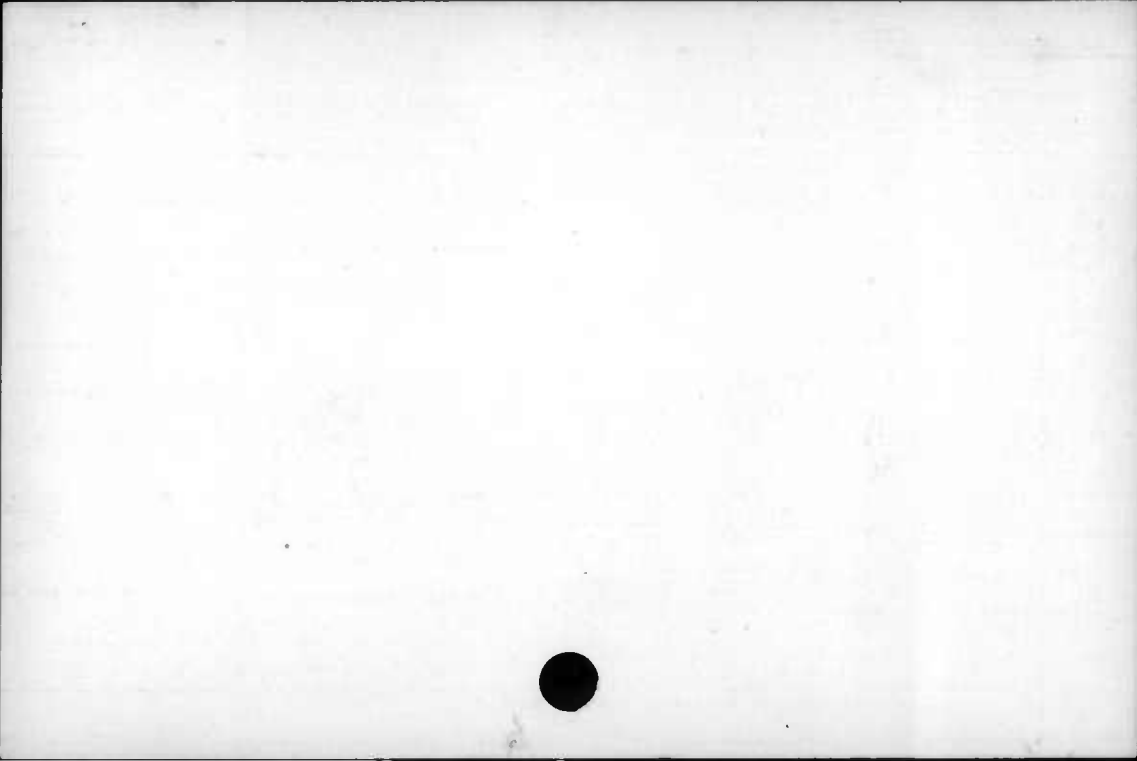
Died at <u>Baithersburg</u> ^{Town}		<u>Montg</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>7</u> ^{Month}	<u>20</u> ^{Day}	Age <u>58</u> ^{Years}	<u>0</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Va</u>		
Occupation <u>House-Wife</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jm A Moore</u>				
Father's Name <u>James Clark</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Catherine Dyer</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Jm A Moore</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <u>Cholera-morbus</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Etchison</u>
	Address <u>Baithersburg Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville Md</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month <i>July</i>	Day <i>11th</i>	Age <i>24</i>	Months <i></i> Days <i></i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Ind.</i>		
Occupation <i>laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Clara Duffin</i>				
Father's Name <i>Reazin Effutt</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Jane Dugan</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>S Emory Effutt Jr Dr H.</i>			How related to deceased		

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of bladder & kidney</i>	How long <i>15-month</i>
Immediate <i>Tuberculosis of lungs</i>	How long <i>several month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Henderson</i>
	Address <i>Rockville</i>
Accident or Suicide? <i></i>	<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

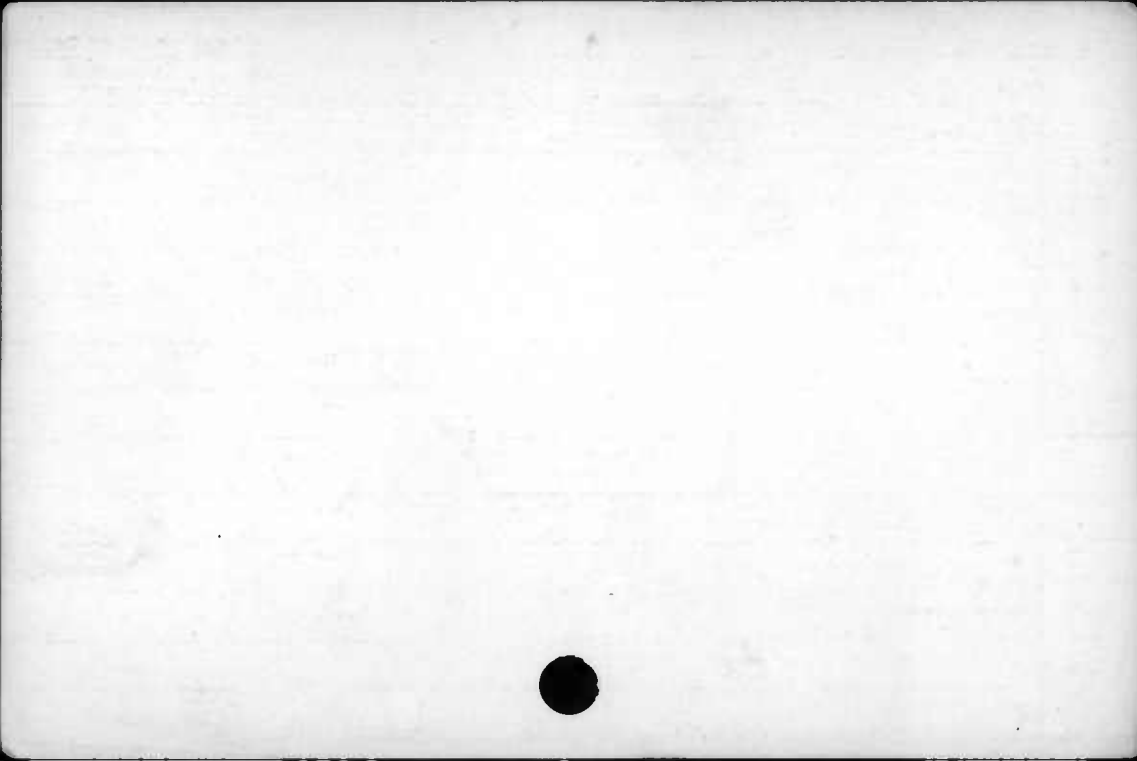
TO BE ANSWERED BY
NEAREST FRIEND

Name *Ida S. Parker* Town *Pooler* County *Montgomery* MARYLAND
Died at *Pooler*
Date of death *1908 July 7* Age *21* 9 Months Days
Sex *Female* Color or Race *colored* Birth-place *md*
Occupation *Housework* Where Residing if not at place of death *..*
Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Parker*
Father's Name *Char McPherson* Father's Birthplace *md*
Mother's Maiden Name *Josephine Duffin* Mother's Birthplace *md*
Name of person giving information *Chas McPherson* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *4 months*
Immediate *Cardiac Asthenia* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. W. White*
Address *Pooler*
md
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

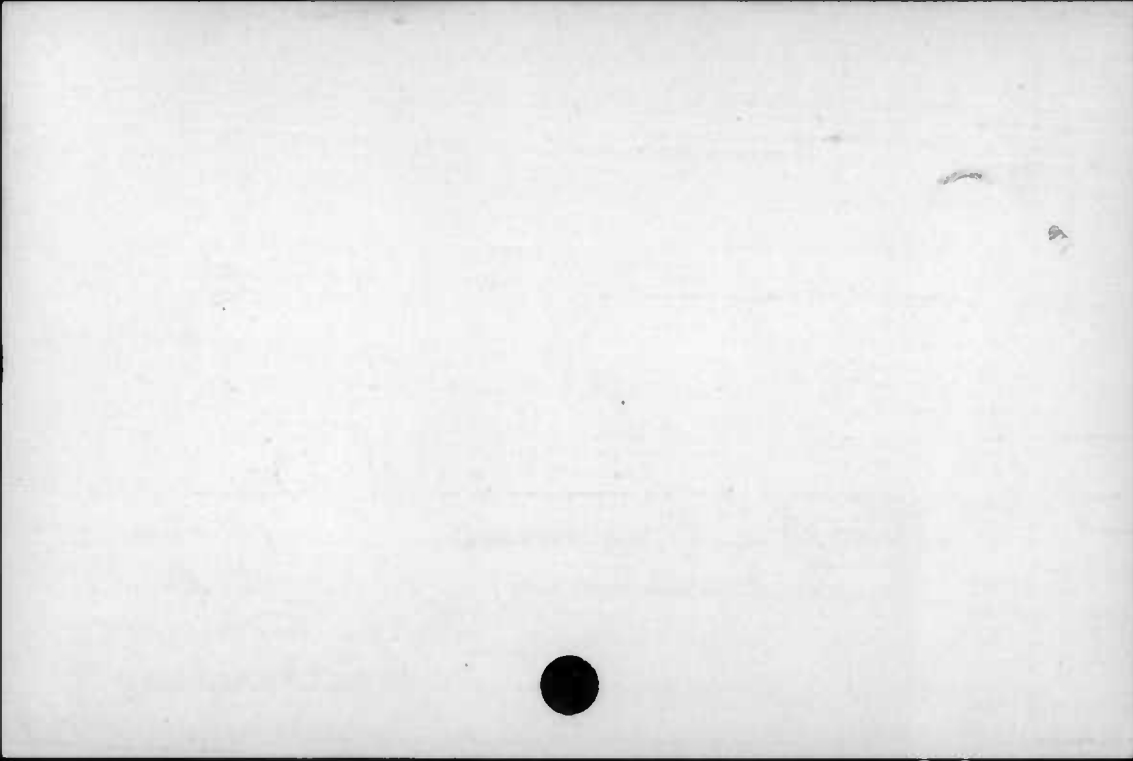
Name in Full <i>Margaret Scott</i>		Town <i>near Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Rockville</i>		Month <i>7</i>		Day <i>24</i>		Years <i>62</i>	
Date of death <i>1908</i>		Age <i>62</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Samuel Scott</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Harry Riggs</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>Three years</i>
Immediate	<i>Syphilitic Liver</i>	How long	<i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Chas Uriah Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

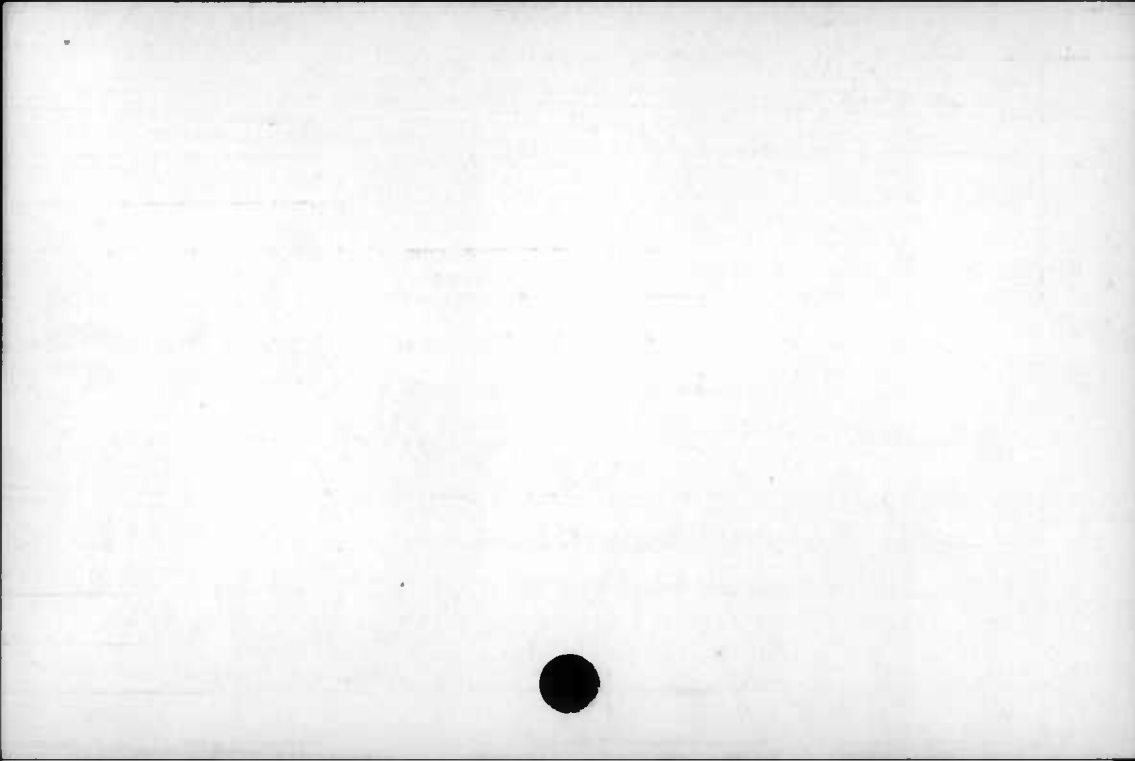
Died at <i>Cloppers</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>7</i>	Day <i>20</i>	Age <i>7</i>	Years <i>1</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas M. Small</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Stang</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Chas M Small</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long <i>5 days</i>
Immediate	<i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. C. Tetchison</i>
		Address <i>Gaithersburg Md.</i>
Accident or Suicide? <i>9</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Iva Stuart*
Yaithersburg TownCounty *Montgomery*Date of death *1904* Month *7* Day *14*Age *1* YearsMonths *2*

Days

Sex *Female*Color or Race *White*Birth-place *Washington D.C.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

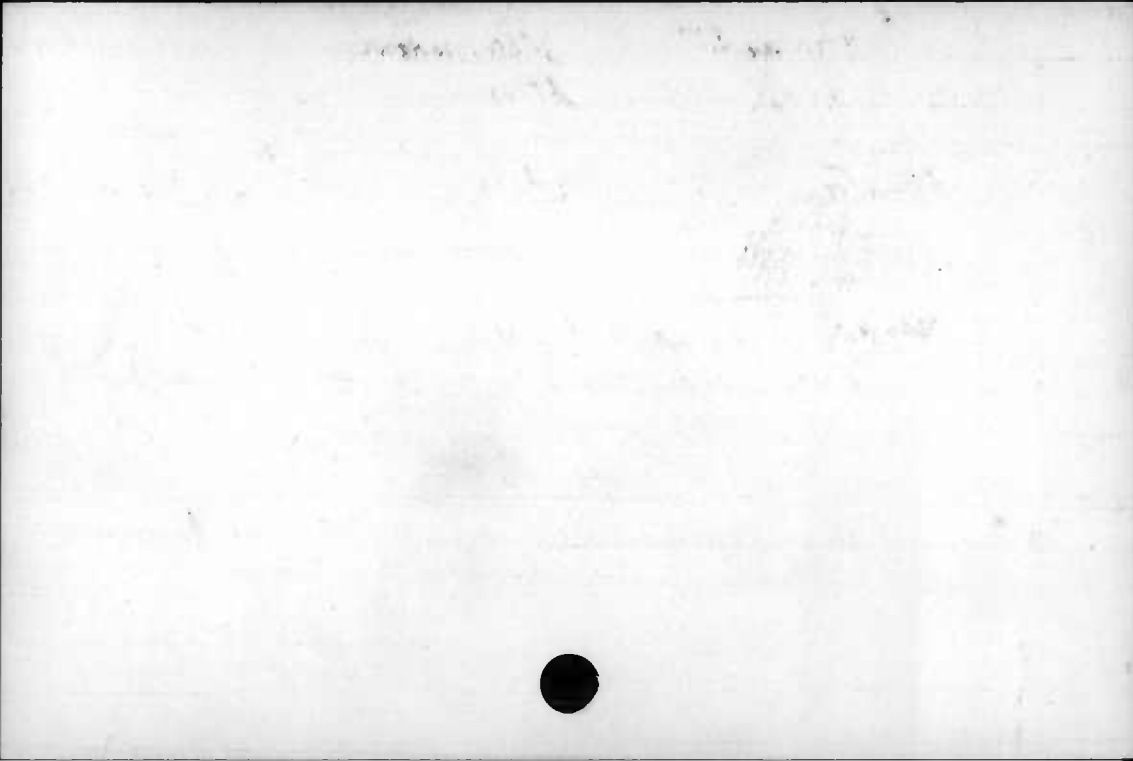
Name of Wife or Husband

Father's Name *Geo R Stewart*Father's Birthplace *D.C.*Mother's Maiden Name *Silly Briggs*Mother's Birthplace *Md*Name of person giving information *Geo R Stewart*How related to deceased *Father*

CAUSES OF DEATH

8Primary *Pertussis*How long *6 Weeks*Immediate *Exhaustion*How long *1 Week*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E. C. Titchison*Address *Yaithersburg Md*

Accident or Suicide?



Name
in
Full

Earnest

Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

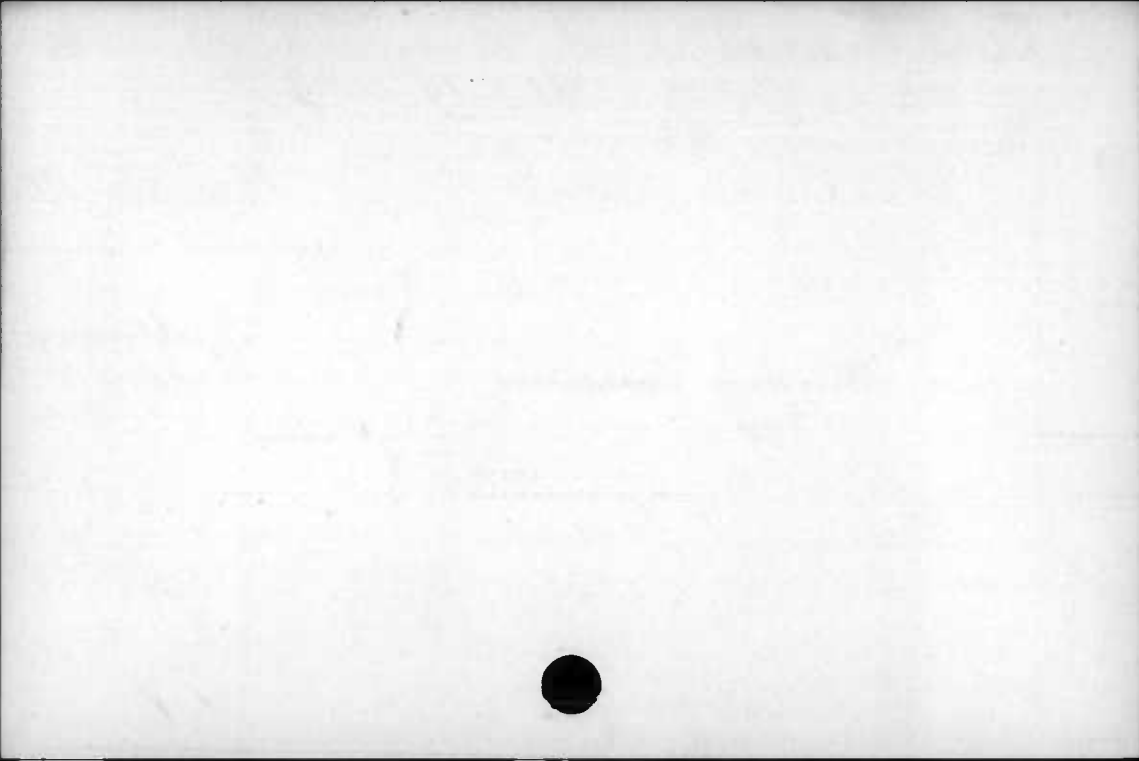
Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>July</i> ^{Day} <i>2nd</i>	Age	<i>Six</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days} <i>—</i>		
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Montg. Co., Md.</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>James Henry Thomas</i>			Father's Birthplace	<i>Montg. Co., Md.</i>
Mother's Maiden Name	<i>Alinda Hill</i>			Mother's Birthplace	<i>Montg. Co., Md.</i>
Name of person giving information	<i>James Henry Thomas</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i> ✓	How long	<i>About two weeks</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. Farguehar</i>
<i>2</i>	Accident or Suicide?	Address	<i>Olney Md.</i>



Name
in
Full

Solomon Troup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George Town</i> <i>D.C.</i> County		MARYLAND	
Date of death <i>1908</i> <i>July</i> <i>13</i>	Age <i>71</i>	Months <i>8</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Conowokegan</i>	
Occupation <i>Superintendent</i>	Where Residing if not at place of death <i>on C. & O. Co.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband		
Father's Name <i>Solomon Troup</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Louisa Troup</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Harry Troup</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration of Heart</i>	How long <i>Gradual</i>
Immediate <i>Syncope - Immelid death</i>	How long <i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henderson Suter M.D.</i>
	Address <i>3026 N. St. N.W.</i>
Accident or Suicide?	

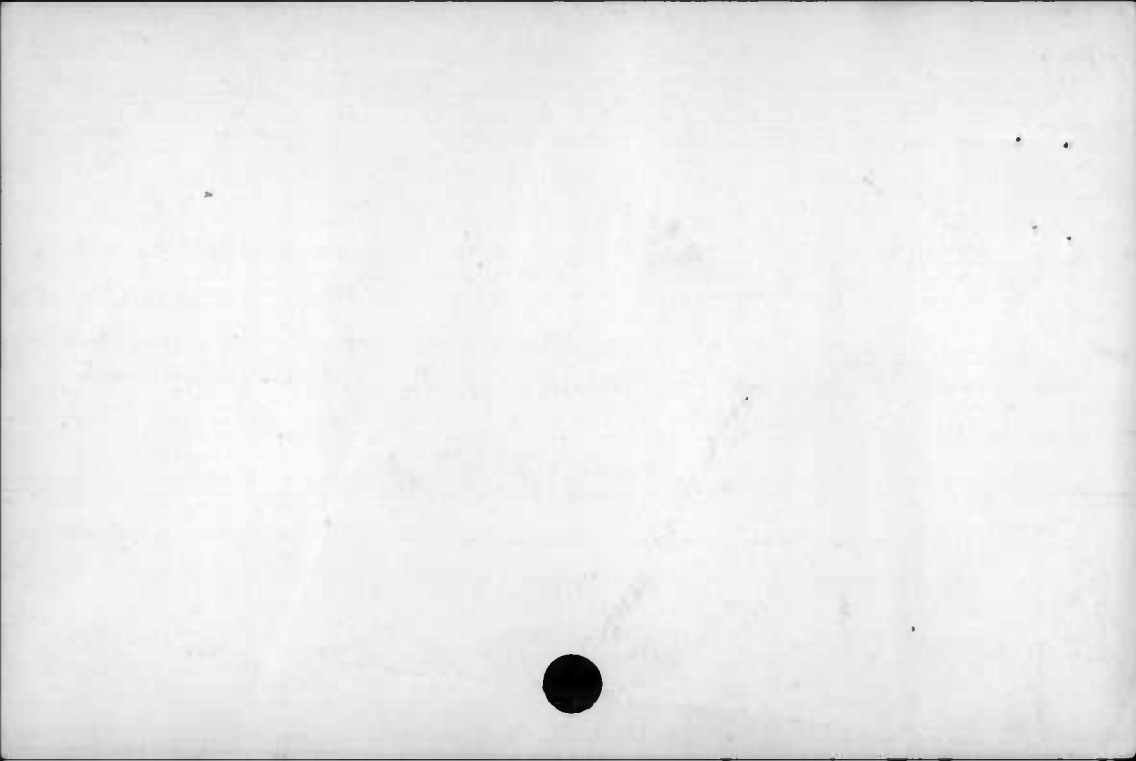
J. F. Kneps

Undertaker

Williamstown
Md

July 16 - 08

Name in Full		David Funstein Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rockville		Montgomery		MARYLAND	
	Date of death	1908	Month July	Day 24	Age 44	Months 9	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Clergyman		Where Residing if not at place of death		Virginia	
	Married, Single or Widowed	Married		Name of Wife or Husband		Cornelia Ward	
	Father's Name	George W. Ward				Father's Birthplace	Virginia
	Mother's Maiden Name	Margaret Funstein				Mother's Birthplace	Virginia
	Name of person giving information	Wife				How related to deceased	
CAUSES OF DEATH							(27)
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	Two years
	Immediate	Aspiration				How long	One week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edward Anderson M.D.
					Address		Rockville, Md.
	Accident or Suicide?		No				



Name
in
Full

Francis G. Gaffield

~~Montgomery~~
Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rockville

Date of death 1908

Month July

Day 25-

Age

Years 8

Months

Days

Sex female

Color or Race black

Birth-place

Ind

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George G. Gaffield

Father's Birthplace

Ind

Mother's Maiden Name

Ella Gaffield

Mother's Birthplace

Ind

Name of person giving information

George Gaffield

How related to deceased

brother

CAUSES OF DEATH

8

Primary

Enterocolitis & Peritonitis

How long 4 days + 1 month.

Immediate

Bronchopneumonia

How long

1 day.

Are the name, age, sex, color, date and place correctly given above?

Yes

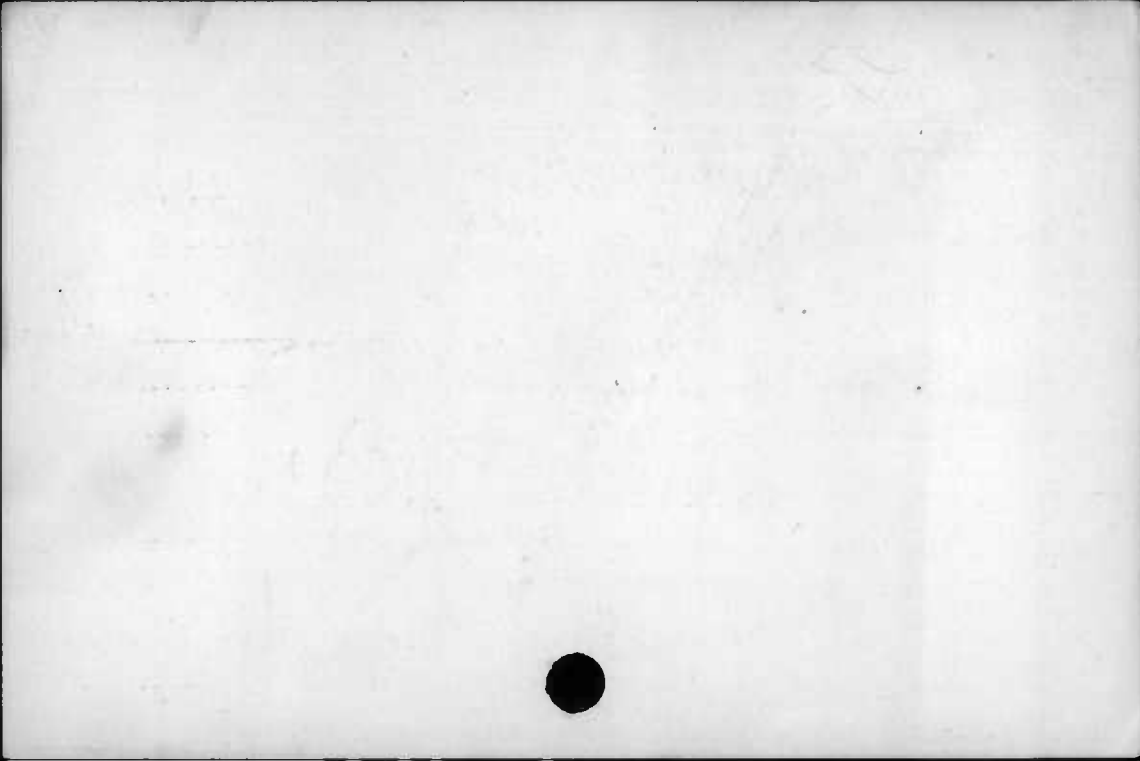
Signature of Physician

Address

F. H. Henderson, M.D.
Rockville

Accident or Suicide?

Maryland



Name in Full		Julia Morgan Washburn				CERTIFICATE OF DEATH	
Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death		1908	Month July	Day 2	Age	Years 26	Months 2
Sex		Female		Color or Race White		Birth-place Rockville	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Morgan Washburn				Father's Birthplace D.C.	
Mother's Maiden Name		Julia Blanche Nicholson				Mother's Birthplace D.C.	
Name of person giving information		Morgan Washburn				How related to deceased Father	
				CAUSES OF DEATH		(105)	
Primary		Enterocolitis				How long 10 days	
Immediate		Exhaustion				How long 12 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Clairborne H. Mannary			
				Address Rockville, Maryland			
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Cornelius E. Waters		Town Germanstown		County Montgomery		State MARYLAND	
Died at Germanstown		Date of death 1904		Age 47		Months 5	
Sex Male		Color or Race White		Birth-place Ind		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Wm. A. Waters		Father's Birthplace Ind					
Mother's Maiden Name Mary Loyd		Mother's Birthplace					
Name of person giving information Wm. A. Waters		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Contro Colitis	How long 3 Weeks
Immediate Exhaustion	How long 1 Week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. C. Etchison
	Address Baithersburg Ind
Accident or Suicide?	

